



MPH/DAG:jam 03/06/06 6395-67788-01 381410 1-018-03

PATENT

Attorney Reference Number 6395-67788-01

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of: Rota et al.

Application No. 10/822,904

Filed: April 12, 2004

Confirmation No. 7102

For: NOVEL CORONAVIRUS ISOLATED  
FROM HUMANS

Examiner: Mary E. Mosher, Ph.D.

Art Unit: 1648

Attorney Reference No. 6395-67788-01

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney  
for Applicant(s)Date Mailed March 6, 2006

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
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TRANSMITTAL LETTER

In connection with the above-referenced patent application, enclosed are:

- ☒ An Amendment and Response to Non-Final Office Action ("Amendment");
- ☒ A self-addressed, stamped return postcard; and
- ☒ A check in the amount of \$1,020.00 for payment of the fees associated with this filing, including a fee for a three-month extension of time for response. Such fees are calculated as shown below:

CLAIMS AS AMENDED					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	7	- 23*	= 0	\$ 50.00	\$ 0.00
Indep. Claims	1	- 10**	= 3	\$200.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)				\$360.00	\$ 0.00
One-month Extension of Time				\$120.00	
Two-month Extension of Time				\$450.00	
Three-month Extension of Time				\$1,020.00	\$1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,020.00

\* greater of twenty or number for which fee has been paid.

\*\* greater of three or number for which fee has been paid.

Applicants petition for a three-month extension of time for response.

03/10/2006 EAREGAY1 00000006 10822904

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Please charge any additional fees that may be required in connection with filing this Amendment (including, without limitation, extension fees, excess claim fees, excess page charges, and/or multiple dependent claim fees), or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

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cc: Docketing